

Armed Forces College of Medicine AFCM

New Five-Year Program 1



Descending Pathways

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New Five-Year Program 2

INTENDED LEARNING OBJECTIVES (ILO)

By the end of this section each of the student should be able to:

1)Identify the origin, course, distribution, termination, function and effects of lesion of cortico-spinal tract.

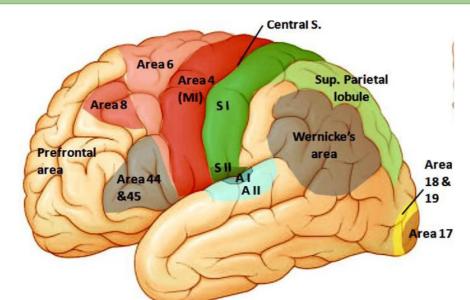
2)Identify the origin, course, distribution, termination, function and effects of lesion of cortico-nuclear tract.

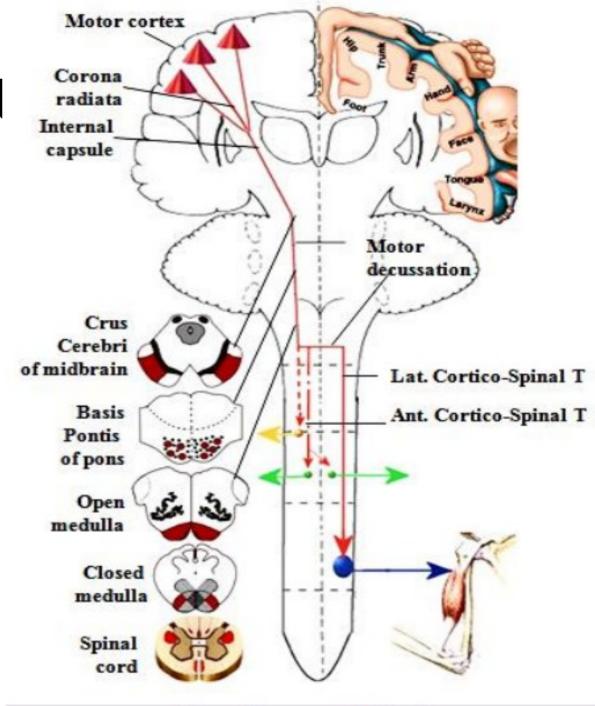
3)Differentiate between pyramidal and extrapyramidal systems.



Pyramidal Tract

- Origin: From neurons in cerebral cortex. The majority of fibers arise from the motor area 4 and the premotor area 6.
- Some fibers arise from sensory areas S I & S II .



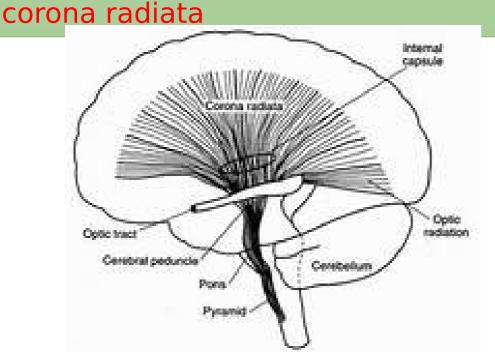


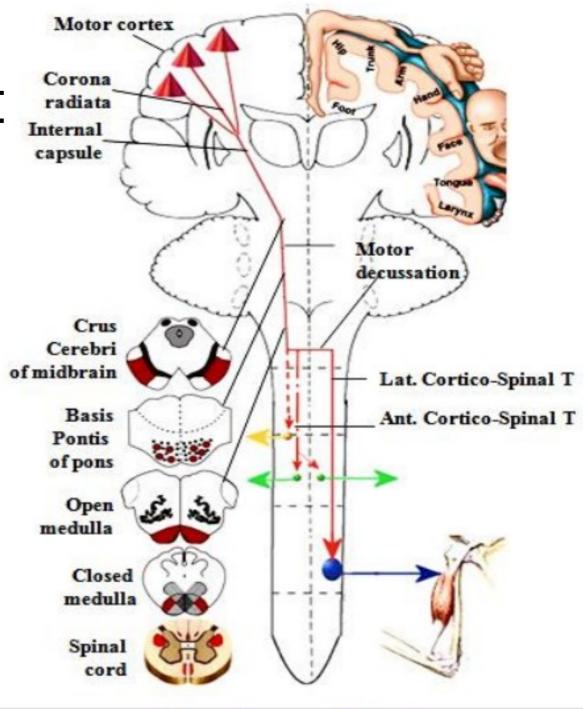


Pyramidal Tract

Course:

1- Axons of neurons in the cerebral cortex descend and converge in the



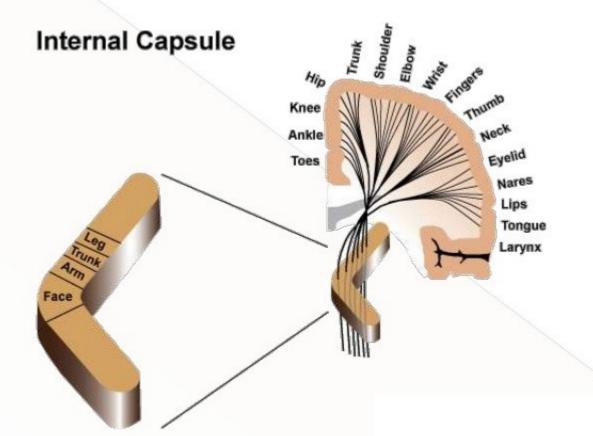


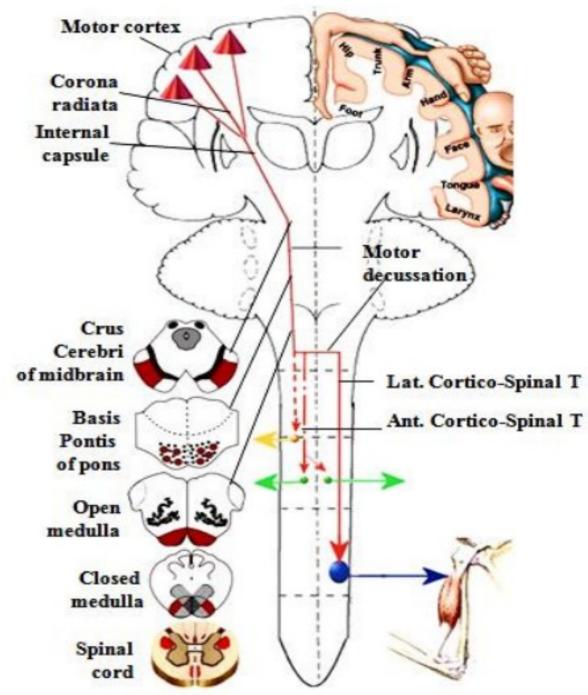


Pyramidal Trac

□Course:

 The axons then pass in the anterior 2/3 of posterior limb of internal capsule.





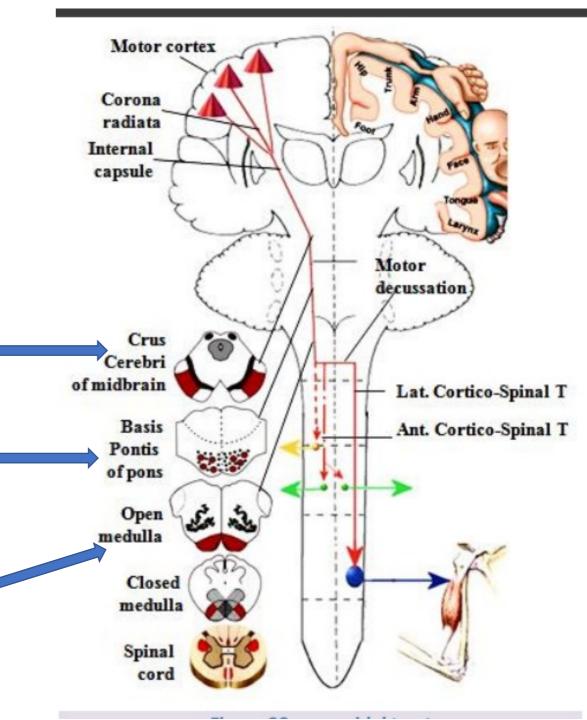


Course:

In midbrain: Descend in the middle 3/5 of the crus cerebri.

In pons: Descend as scattered bundles in the basis pontis separated by the transverse pontine fibers.

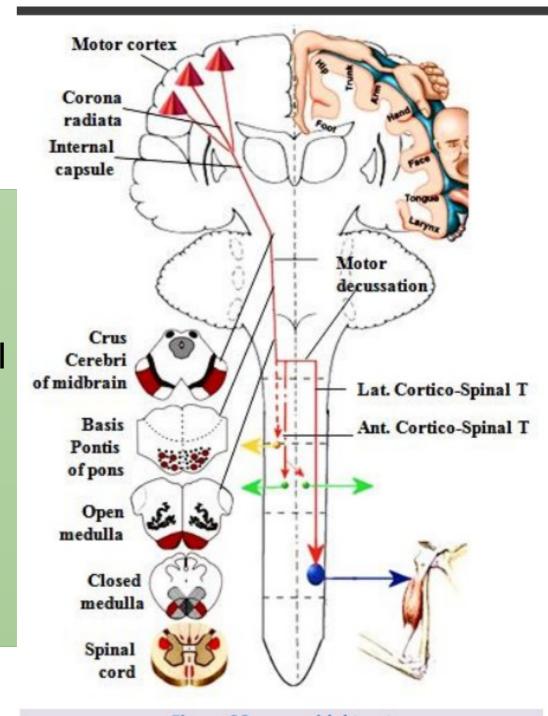
In medulla oblongata: Fibers collect and form the pyramid.





•Decussation:

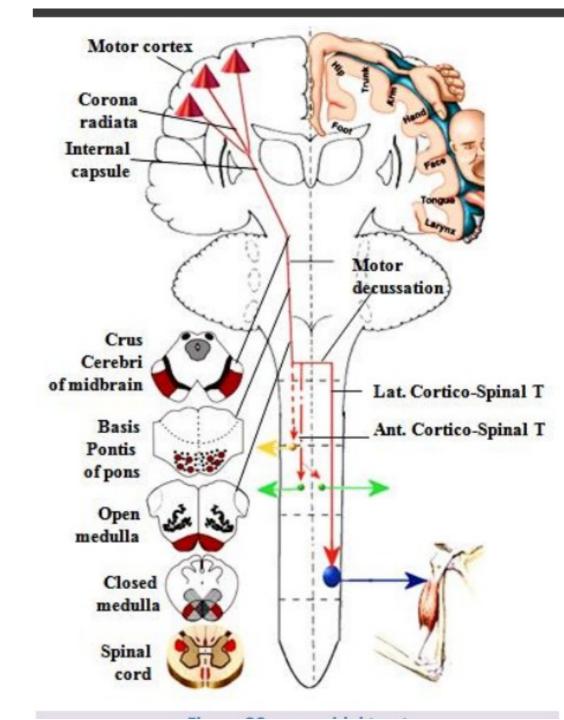
- 80% of fibers cross in the lowermost part of the medulla forming the motor decussation then descend in the spinal cord as the lateral corticospinal tract.
- The uncrossed Fibers (20%) descend in the spinal cord as the anterior corticospinal tract. The uncrossed corticospinal fibers usually cross at a lower level (in the spinal cord)





•Termination:

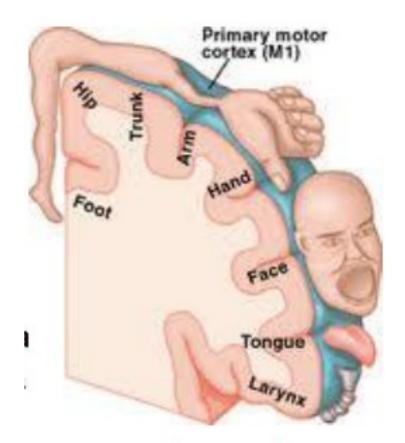
- 1- The crossed fibers (80%) end on the <u>lateral group</u> of <u>anterior horn cells</u> (AHCs) which supply the limbs.
- The uncrossed fibers (20%) end on the <u>medial group</u> of <u>anterior horn cells</u> (AHCs) of which supply the trunk).





·Lamination:

1- In the cerebral cortex: the body is represented upside down with the face area lowermost and foot area on the medial surface of the cerebral hemisphere.

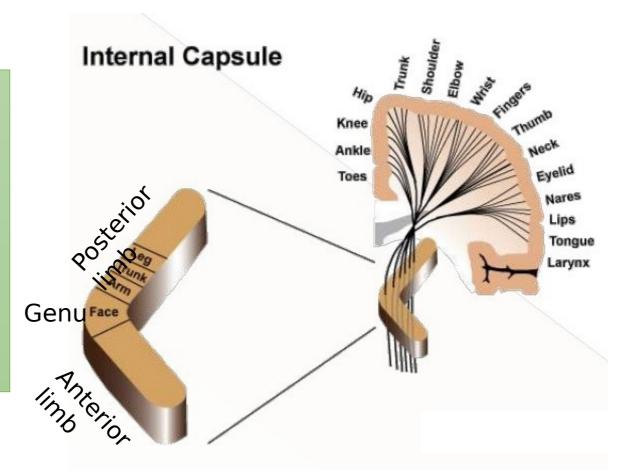


motor homunculus



•Lamination:

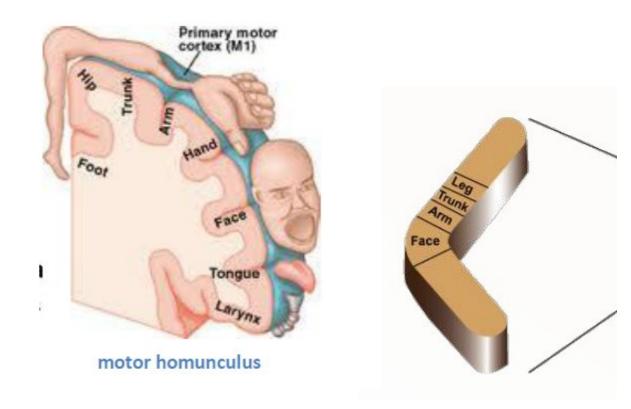
• 2- In the internal capsule: fibers for face muscles are in the genu, upper limb area lie most anterior & lower limb area most posterior in the posterior limb of internal capsule.

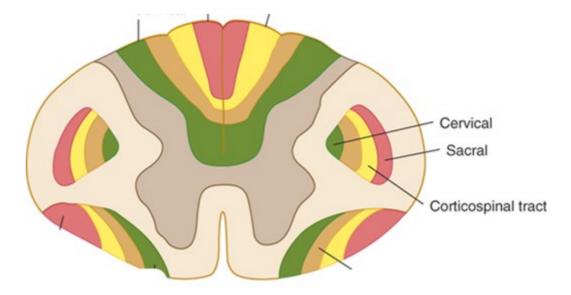




• Lamination:

• 3- In the midbrain & spinal cord: cervical fibers are medial while sacral fibers are lateral.



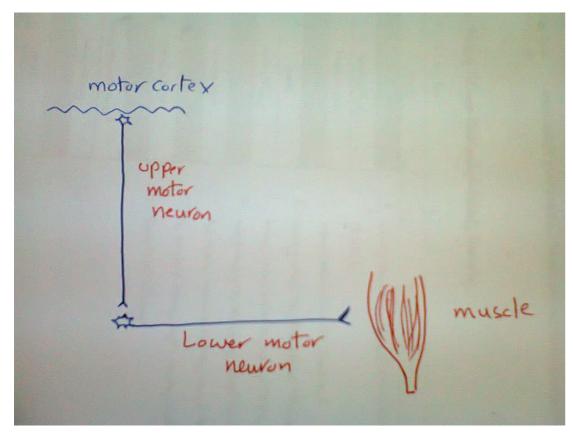


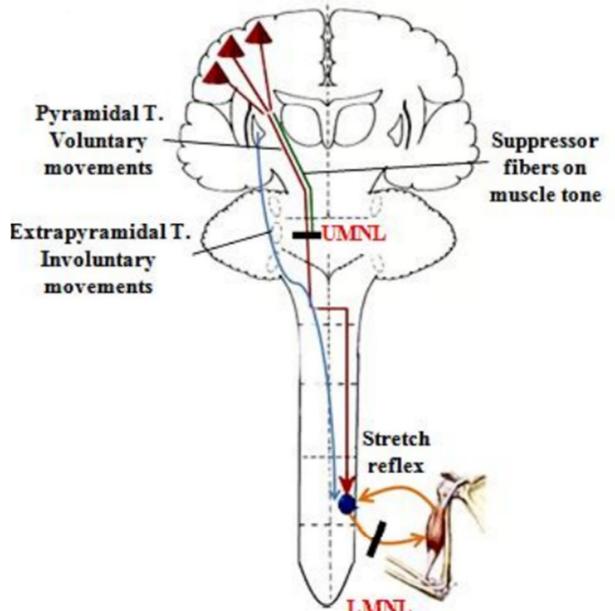


•Function:

• The pyramidal tract is responsible for skilled voluntary movements in the distal parts of the limbs.









| Upper motor neuron lesion | Lower motor neuron lesion |
|---------------------------|---------------------------|
| (UMNL) | (LMNL) |
| Hyper-tonia | Hypo-tonia |
| Hyper-reflexia | Hypo-reflexia |
| +ve Babiniski sign | -ve |
| +ve Clonus | -ve |
| No atrophy | Early atrophy |



Normal toe flexion



Positive Babinski's reflex











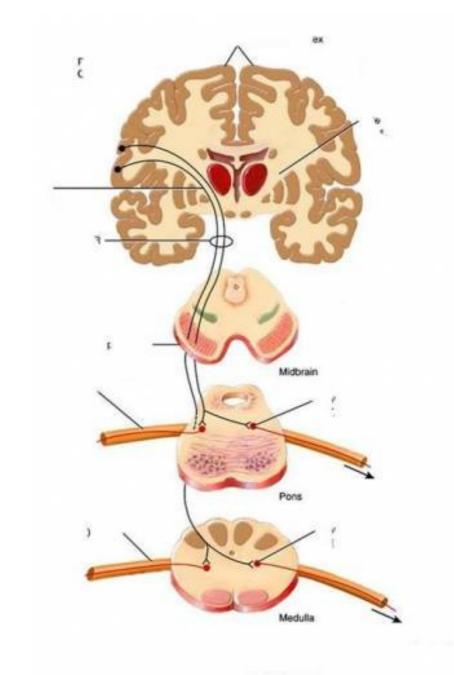


Cortico-nuclear tract (corticobulbar tract)

 Origin: from lower part of area 4

(face area)

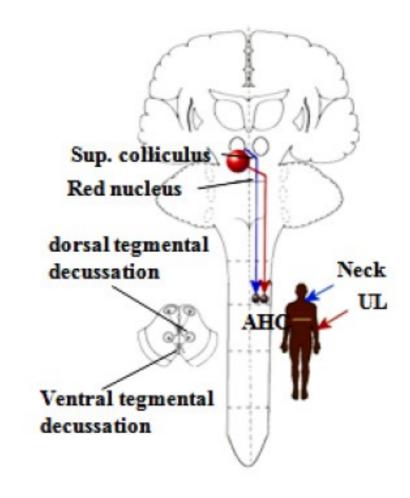
- Pass in genu of internal capsule.
- Terminate bilaterally on motor nuclei of cranial nerves.
- Exception: The lower ½ of VII and XII nuclei receive





II. Extrapyramidal Tracts

- These are a group of descending tracts that may be excitatory or inhibitory to muscles.
- They are responsible for adjusting muscle tone, posture and the semiautomatic movements such as swinging the arm during walking.





THANK YOU